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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER **DRILLING**

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

4. Location of Well
UNIT LETTER **N** **330** FEET FROM THE **SOUTH** LINE AND **1980** FEET FROM
THE **WEST** LINE, SECTION **10** TOWNSHIP **10-S** RANGE **31-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
REID "B"

9. Well No.
1

10. Field and Pool, or Wildcat
WILDCAT

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
CHAUES

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOB OTHER **Completion**

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 2-5-68, 4 1/2" OD 11.6# N-80 casing was set @ 11,138 w/ 1400 slt trinity inferno. Tested casing w/ 4250 psi for 30 minutes. Test O.K. After HOE appx 50 hours, perf 10918-924 w/ 25PF. Treat w/ 500 gal 5% MCF x 1000 gal 3% NFA. FRAC w/ 60,000 gal Brine + 30,000 Sand + 800# beads. Evaluated. Dry. To be plugged back as follows: 75x Plug 10935-10865; Cut + Pull 4 1/2" casing from about 8500; 25x plug ins out of tub. 25x plug across Wolfcamp @ 8295, Abo @ 7174, Yaso @ 6282, Glorietta @ 4784. Bridg Plug + cap in 9 7/8" CSA 4221. All intervals filled w/ mud. CPB procedure approved 2-20-68 M & L Clements to E J Smith. Attempt San Anitas completion.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **2-21-68**

APPROVED BY **3-50SP** TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
1-RRV
3-TENNECO